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Subject operative Dentistry

Q1:-

Answer:-

(a) Three quarter Crown:-

\* The Three-quarter Crown on a Posterior Teeth probably one of the most demanding of all tooth preparations. As with such preparations on other Teeth, on a posterior molar it involves the proximal & lingual surfaces & leaves the facial surface intact.

\* They are always made of cast metal.

(b) Metal Ceramic Crown:-

Dental porcelain can be bonded to a variety of metal alloys such as Gold, Silver, Nickel.

It has good strength b/c of the metal layer covering the tooth.

In short clinical crowns there come retention post

### © Seven Eighth Crown:-

The Seven-eighth crown preparation includes in addition to the surfaces covered by the three-quarter crown the distal half of the buccal surface. Therefore the mesial aspect of this preparation resembles that for a three-quarter crown; the distal aspect resembles that for a complete crown.

#### Advantages:-

- \* More Conservative.
- \* Possible to test vitality of tooth via buccal surface.
- \* periodontal problems are less.

#### Disadvantages:-

- \* preparation is bit difficult.
- \* Less retention.

Q2:- In which Condition Inlay & onlay are Indicated & Contra-Indicated?

Answer:-

Indication of Inlay & onlay:-

- 1) Large Restorations.
- 2) Endodontically treated teeth.
- 3) Teeth at risk for fracture.
- 4) Dental rehabilitation with cast metal alloy.
- 5) Diastema closure & occlusal plane correction.
- 6) Removable prosthodontic abutment.

Contra-Indication of inlay & onlay:-

- 1) High Caries rate.
- 2) Young patients.
- 3) Esthetics.
- 4) Small restorations.

Q3:- Define veneers, explain direct and Indirect veneer Technique?

ANSWER:-

Veneer:- Dental veneers are custom made shells made from tooth colored materials that facilitate covering the front surface of the tooth & these are alternately known as Dental laminates.

Dental veneers are normally classified under cosmetic dentistry-

→ Direct veneer Technique:-

- \* Anesthetization & tooth isolation.
- \* Shades of composite are tried on.
- \* Assessment on a central incisor.
- \* Any existing decay is removed.
- \* Tooth is roughened & a slight finish line is created.
- \* Tooth is then etched & a dentin bonding agent is applied.
- \* Basic shape is formed with a finishing diamond bur.
- \* Interproximal areas are shaped with abrasive strip.
- \* Additional polishing & shaping are completed three days later.

## → Indirect Veneer Technique:-

⇒ First Appointment (veneer preparation procedure)

### ① Shade Selection:-

- \* Clean teeth with pumice and water.
- \* Select a tentative shade with your patient participating.

### ② Tooth preparation:-

A uniform 0.5mm intraenamel reduction is sufficient. incisor edge 0.7mm, labial 1mm

### ③ Impression:-

Use a polysiloxane or polyether material for the impression.

### ④ Temporary veneers:-

— they are placed when necessary or desired.

⇒ Second Appointment (veneer cementation procedure)

### ① Remove temporary:-

- 1. Care must be taken not to damage margin areas of preparation (clinical try in - contacts need to be carefully assessed.

② proximal contacts can be adjusted.

Q4:-

Answer:

It will be "Ceramic Crowns."

- \* Most esthetically pleasing.
- \* No metal to block light transmission.
- \* Can be virtually indistinguishable from Un-restored teeth.

→ Advantages

- \* Superior esthetics.
- \* Comfortable:-  
Because they fit better than metal crowns & are not temperature sensitive.
- \* Beautiful:-  
Made of translucent porcelain, they reflect light & look almost exactly like your natural teeth.

→ Disadvantages:

- \* More tooth reduction.
- \* Less durable.
- \* NO repair is possible.
- \* Expensive.

→ Indication:

- \* Specially indicated anterior teeth.
- \* Where there are high esthetic demands.
- \* On patient demands.

Q5:-

Answer:-

(3) Composite veneer:-

Ques A Composite veneer can be build up in the mouth by directly placing it.

→ Technique of Composite veneer:-

- \* Anesthetization and Tooth Isolation.
- \* Shades of Composite are tried on.
- \* Assessment on a central incisor.
- \* Any existing decay is removed.
- \* Tooth is roughened & a slight finish line is created.
- \* Tooth is then etched & a dentin bonding agent is applied.
- \* Basic shape is formed with a finishing diamond bur.
- \* Interproximal areas are shaped with abrasive strips.
- \* Additional polishing & shaping are completed three days later.

→ Advantages

- \* one visit procedure.
- \* Less expensive.
- \* Repair potential.
- \* Chair-side control of anatomy.
- \* Minimal irreversible loss of tooth structure.

→ Disadvantages

- \* Tend to discolor.
- \* wear out quickly.
- \* Marginal staining.
- \* Shade matching difficulty.
- \* often require repair.



## ② Porcelain veneer:-

A porcelain veneer made out of cannot be built in mouth & hence fabricated outside and fitted later.

### → Technique of porcelain veneer:-

#### ① First Appointment (veneer preparation procedure)

##### (a) Shade Selection:-

- \* Clean teeth with pumice & water.
- \* Select a tentative shade with your patient participating.

##### (b) Tooth preparation:-

A uniform 0.5mm intraenamel reduction is sufficient. Incisor edge 0.7mm, Labial 1mm.

##### (c) Impression:-

Use a polysiloxane or polyether material for the impression.

##### (d) Temporary veneers:-

They are placed when necessary or desired.

→ ② Second Appointment:- (Veneer Cementation procedure)

① Remove Temporary:-

Care must be taken not to damage margin areas of preparations clinical try in-

Contacts need to be carefully assessed-

② proximal contacts can be adjusted-

→ Advantages:-

- \* Esthetic Stability-
- \* Stain resistant-
- \* Stronger & Durable.
- \* Gum tissue tolerates porcelain well.
- \* The color of a porcelain veneer can be selected such that it makes dark teeth appear whiter.

+ Disadvantages:-

- \* The process is irreversible.
- \* More costly than composite veneers.
- \* Not suitable for patients with clenching or grinding habits.
- \* Teeth may become more sensitive to hot and cold foods & beverages.
- \* Technique Sensitive.